



U.S. Agency for  
International  
Development

Bureau for  
Global Health

# COUNTRY PROFILE

HIV/AIDS

## MALI

HIV prevalence in Mali is low (less than 2 percent); however, high rates in certain populations underscore the necessity of maintaining a strong focus on STI/HIV to divert the emergence of a crisis HIV/AIDS epidemic. At the end of 2001, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 110,000 adults and children in Mali were living with HIV/AIDS, yielding an adult prevalence of 1.7 percent.

Estimated Number of Adults and Children Living with HIV/AIDS (end 2001)	110,000
Total Population (2001)	11.7 million
Adult HIV Prevalence (end 2001)	1.7%
HIV-1 Seroprevalence in Urban Areas	
Among subpopulations at high risk (i.e., sex workers and clients, STI patients, or others with known risk factors)	21%
Among population groups with no known high risk factors (e.g., pregnant women, blood donors, or others)	2.5%

Sources: UNAIDS, U.S. Census Bureau

According to UNAIDS, 55 percent of adults aged 15 to 49 living with HIV/AIDS in Mali are women. Among subpopulations at high risk for HIV, intriguing numbers can be found. HIV prevalence among commercial sex workers (CSWs) in Bamako dropped from 39 percent in 1987 to 23.1 percent in 2000. Prevalence among CSWs in other regions increased from 16 to 49 percent during the same time period.

Female genital cutting is common in Mali, despite active campaigns to end the practice. According to the most recent Mali *DHS/III/2001*, 12,849 Malian women, about 92 percent of women aged 15 to 49 had undergone genital cutting, which places them at higher risk for HIV acquisition.

Adolescents are also particularly vulnerable to HIV infection due to high-risk behaviors such as multiple sex partnering and drug and alcohol use. Young women, in particular, are at risk as a result of early initiation of sexual activity and inability to negotiate/deny sexual advances. By age 16, 50 percent of women are either married or sexually active.

In addition, 49 percent of rural women, aged 15 to 19, have had at least one child. While knowledge of HIV/AIDS among adolescents is high (>80 percent among females, >90 percent among males), knowledge of sexually transmitted infections (STIs) is considerably lower, and knowledge of condom use lags even further behind, especially among females (12 percent condom use among females, aged 15-19, versus 50 percent among males).



Map of Mali: PCL Map Collection, University of Texas

The May 2000 Integrated STI Prevalence and Behavior Survey (ISBS) identified additional groups at high risk of HIV infection and reported the following prevalence rates:

- Female CSWs: 28 percent;
- Ambulatory vendors: 6.8 percent;
- Maids: 1.7 percent and 3.3 percent among sexually active maids;
- Long-distance truck drivers: 3.5 percent; and
- Ticket touts: 5.5 percent.

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The ISBS revealed that low levels of condom use, problematic STI health-seeking behaviors, and multiple sexual partnering are common behaviors. The study also reported that many high-risk groups are clustered along major transportation routes, thus posing a risk for HIV transmission from urban to rural areas.

Significant seasonal migration of agricultural workers to Senegal, Côte d'Ivoire, and France during Mali's off-agricultural season could have a serious effect on the spread of HIV in Mali in coming years, particularly migration to and from Côte d'Ivoire, which has the highest HIV prevalence in West Africa.

## National Response

HIV/AIDS efforts are coordinated and led by the *Programme National de Lutte Contre Le SIDA*, or PNLS, which is mandated to coordinate government-wide efforts. In December 1999, PNLS developed its third HIV/AIDS Strategy (for the period 2000-2004). This strategy, referred to by its French acronym, PMT3, delineates 10 new objectives:

- Promote a multisectoral response to HIV/AIDS through the active participation of political and civil society leaders at all levels (government institutions and community organizations);
- Promote behavior change among high-risk groups and the general population that decreases the risk of HIV infection;
- Improve the quality of life of people living with HIV/AIDS (PLWHA);
- Decrease/minimize mother-to-child transmission;
- Ensure STI diagnosis and treatment in all health facilities;
- Alleviate the burdens of the impact of HIV/AIDS on families and communities;
- Develop standards and laws that respect the dignity and rights of infected persons;
- Expand health coverage and develop local and community capacity (reduce the burden on health system);
- Ensure blood transfusion safety; and
- Collect and disseminate epidemiological data on the general population; vulnerable groups; and the impact of the HIV/AIDS epidemic in urban and rural areas.

Indicators have been identified by PNLS for each of the PMT3 objectives.

Favorable factors in Mali's efforts to combat HIV/AIDS include:

- Still relatively low prevalence in the general population;
- Political commitment at the level of the President, Ministry of Health, Cabinet and PNLS;
- An extensive network of Malian and international private voluntary organizations and local nongovernmental organizations, which are active and well-integrated with groups at risk for STI/HIV.

## USAID Support

In October 2000, the U.S. Agency for International Development (USAID) approved a comprehensive HIV/AIDS strategy, which targets vulnerable groups, youth, and the general population through behavior change approaches, voluntary counseling and testing (VCT) services, and qualitative research. The overall objective of USAID/Mali's strategy for HIV/AIDS will be to divert the emergence of a crisis HIV/AIDS epidemic by targeting high-risk groups/high transmitters and promoting behavior change among those most at risk and the general population. In FY 2001, USAID provided more than \$3 million for HIV/AIDS activities in Mali, an increase from \$2.5 million in FY 2000.

USAID supports the following country programs:

### Advocacy

In a concerted effort to develop an enabling political environment for an effective, multisectoral program response to HIV/AIDS, USAID activities in Mali target national level and community leaders and decision-makers.

## ***Behavior Change Communication***

STI and HIV/AIDS information, education, and communication activities are aimed at the general population as well as high-risk groups. The Mission's objective is to reach the general population with effective prevention strategies; reach targeted high- and medium-risk groups with information on effective prevention strategies; and promote the use of HIV/AIDS counseling, referral, and treatment services.

## ***Capacity Building***

USAID/Mali is working with the PNLS to strengthen its capacity to assume greater leadership and coordination on HIV/AIDS prevention and control. Major activities will include:

- Promoting management reorganization of the PNLS;
- Assisting the MoH in the organization of a national committee for HIV/AIDS;
- Assisting with the revitalization of decentralized/regional PNLS groups;
- Providing short-term training, ongoing technical assistance, and visits to other successful national AIDS programs in the region;
- Establishing and institutionalizing HIV/AIDS sentinel surveillance; and
- Bolstering testing capabilities related to surveillance and VCT, including infrastructure and laboratory equipment.

## ***Condom Social Marketing***

The Mission supports community-based condom social marketing programs. Socially marketed condoms are distributed via the private sector and through private distributors, including peer educators. Approximately 12,000 condom sales points have been established and private outlets are being expanded. Information and education campaigns target high-risk groups, adolescents, and the general population.

## ***STI Management***

In Mali, where STI prevalence is relatively low, USAID emphasizes targeted (as opposed to generalized) syndromic approach interventions—complemented by diagnostic methods and capabilities, including counseling and referrals—in all primary and secondary health centers. Through the Centers for Disease Control and Prevention (CDC), USAID is working closely with the PNLS to implement STI syndromic training and supervision, referral services, surveillance, operational research, and other activities designed to improve STI health-seeking behaviors and clinical care. Activities will also be initiated to improve STI care at semiprivate and private clinics. In addition, through CDC, USAID will work with nongovernmental organizations in Mali to develop improved STI care for commercial sex workers.

## ***Voluntary Counseling and Testing***

USAID/Mali's interventions to improve VCT build on existing services and include:

- Training of trainers in pre- and post-test counseling procedures;
- Provision of HIV-testing kits (with an emphasis on rapid testing); and
- Training of counselors who will refer patients to community support centers and/or health centers for STI and HIV/AIDS services or treatment of opportunistic infections.

## ***Challenges***

According to USAID/Mali, the country faces a number of challenges that hamper HIV/AIDS prevention and care efforts:

- A rapidly growing population that has a fertility rate of 6.7;
- An adult population that has a 75 percent illiteracy rate;
- A low level of agricultural production and limited infrastructure;
- Community organizations that have limited ability to serve as partners in a decentralized government;

- Widespread poverty (72 percent of the population lives below the poverty line);
- The fourth highest rate of infant mortality in the world;
- The 13th highest maternal mortality rate in the world;
- Inability of women to successfully negotiate condom use and promote fidelity with husbands/partners;
- Migration, which results in the loss of one's traditional family, social structure and norms, and places Malians (especially young Malians) at greater social risk.
- Practices mandating marriage among in-laws upon death of a spouse (levirat and sororat);
- Polygamy, and multiple sexual partners;
- Denial that AIDS exists or poses a threat;
- Persistent and highly prevalent female genital mutilation practices; and
- Perceived prohibitions on condom use.

## Selected Links and Contacts

1. USAID/Mali: Pamela White, Mission Director. U.S. address: DOS/USAID, 2050 Bamako Place, Washington, DC, 20521-2330. Local Address: Immeuble Dotembougou, Rue Raymond Poincarre & Rue 319, Quartier du Fleuve/BP 34, Bamako, Mali. Tel: (223) 22-3602, Fax: (223) 22-3933, Web site: [www.usaid.gov/ml](http://www.usaid.gov/ml).
2. National AIDS Program: *Programme National de Lutte Contre le SIDA*, Ministère de la Santé, Koulouba, Bamako, Mali
3. PSI/Mali: Rue 249, Porte 169, Quartier Hippodrome, A coté du Restaurant Monte Cristo, Bamako, Mali, West Africa. Tel: (223) 21-46-23, Fax: (223) 69-02-03, E-mail: [Rdiallo@afribone.net.ml](mailto:Rdiallo@afribone.net.ml).

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For more information, see [www.usaid.gov/pop/aids](http://www.usaid.gov/pop/aids) or [www.synergyaids.com](http://www.synergyaids.com)*

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